



CREDIT CARD AUTHORIZATION FORM

Please use this form to authorize payment by credit card to the City of Coon Rapids
Send or fax this form to:

**City of Coon Rapids
11155 Robinson Drive
Coon Rapids, MN 55433**

Use the dropdown arrow
to select appropriate department

The City of Coon Rapids will not be responsible for security when this form is faxed containing credit card information. For your safety credit card numbers are not accepted via Email.

____ Visa ____ Mastercard

* Account Number: _____

* Expiration Date (month/year) ____ / ____ * CVC# ____ (back of card)

* Name on Card: _____

* Billing Address: _____

* City: _____ * State _____ * Zip _____

* Billing Phone Number _____

* Authorized Cardholder Signature _____

All information requested is required to process your payment. Incomplete forms will not be processed.

TERMS OF ACCEPTANCE and SIGNATURE:

The applicant and/or submitter of this form, warrant the truthfulness of the information provided in this document.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance as well as the terms of my credit card agreement.

OFFICE USE ONLY

Date Received

Time Received

Received via

Received By

____/____/____

____: ____ a.m./p.m.

In person Mail

Initials _____